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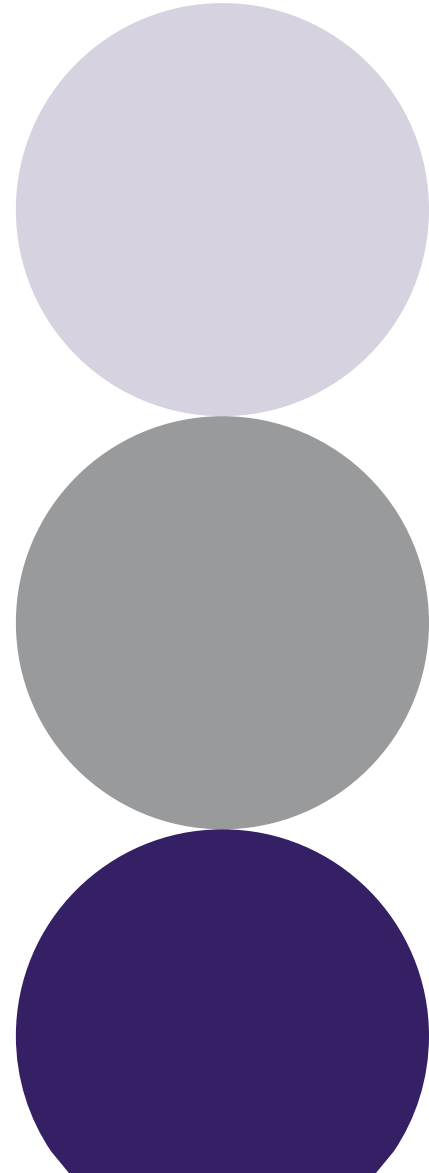
# MIPS: How is Ophthalmology Faring and Telehealth in Medicare

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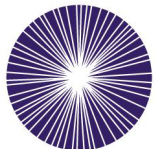
Hopkins University





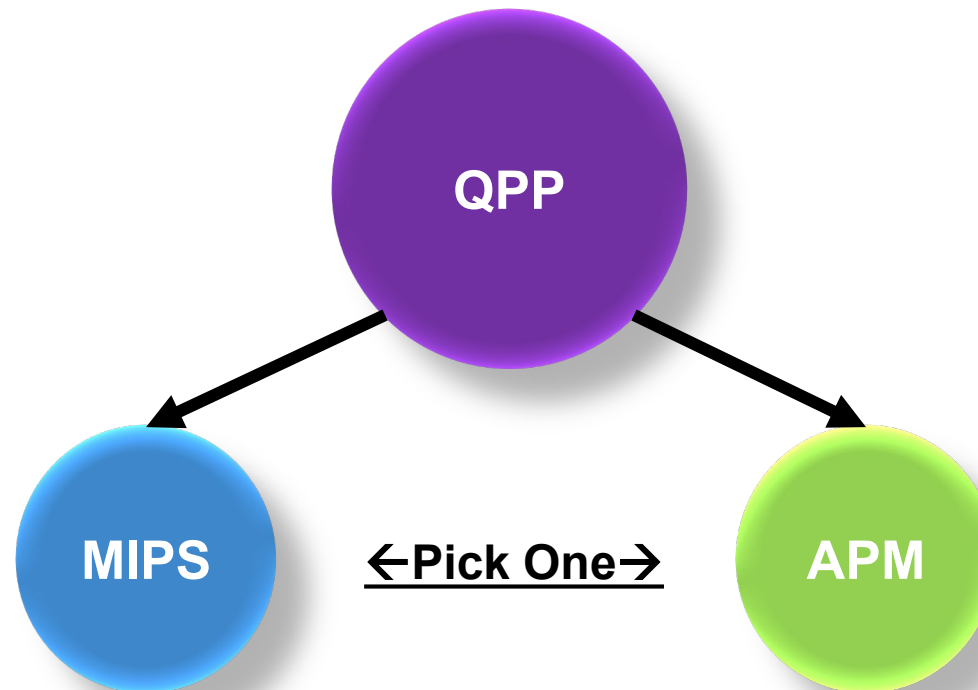
# Disclosures

- I have no relevant financial interests or relationships to disclose.

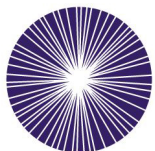


# Quality Payment Program (QPP)

- QPP Offers 2 Programs for Reimbursement under Medicare Part B
  - 1) Merit-based Incentive Program System (MIPS)
  - 2) Advanced Alternate Payment Model (APM)



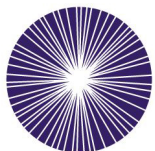
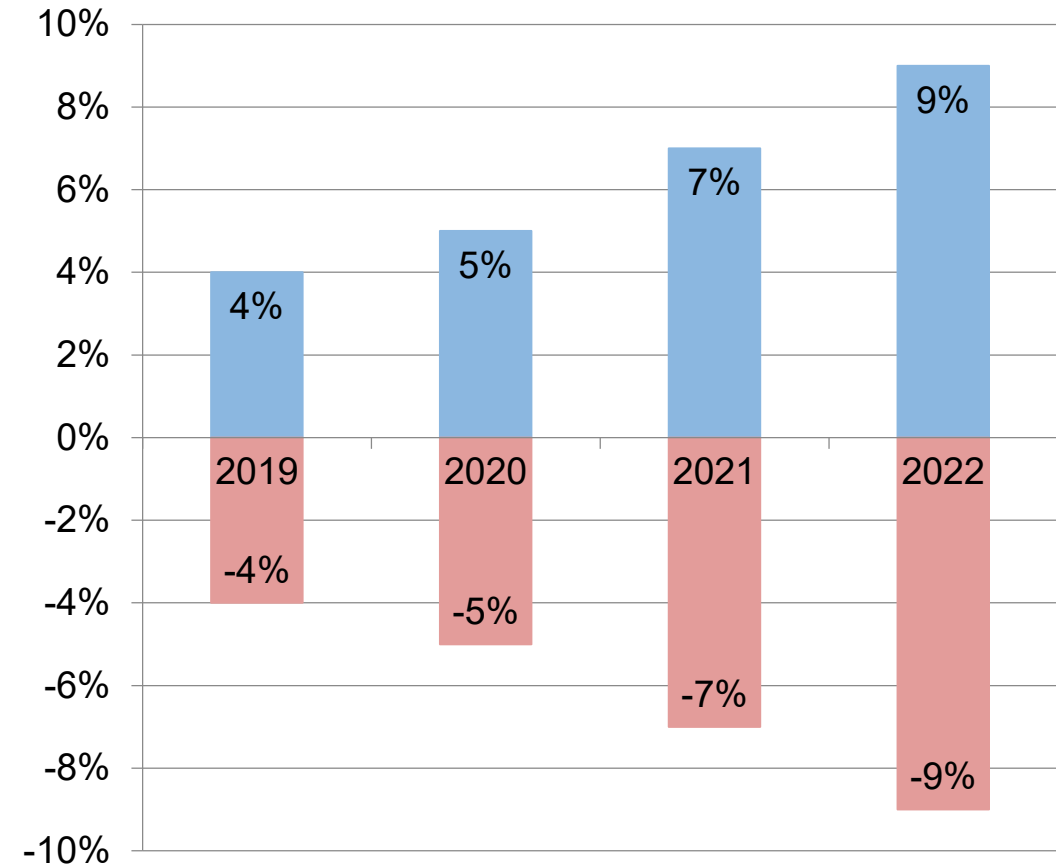
Providers **Qualify** for  
Either MIPS or APM



# MIPS Payment Adjustments

- Payment
  - Baseline: Standard FFS payments
  - Adjustment two years after measurement:
    - Upward/Neutral/Downward
    - Maximum adjustments ( $\pm 4\%$ ,  $\pm 5\%$ ,  $\pm 7\%$ ,  $\pm 9\%$ )
    - Partial or full adjustment, based on **Final Score**
  - MIPS payment adjustments are applied to services provided under Part B
- Budget neutral: Losers\$ = Winners\$
- Extraordinary performance pool
  - \$500M for 5 years (2019-2023)

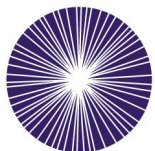
## MIPS Payment Adjustments





# MIPS 2017 Performance

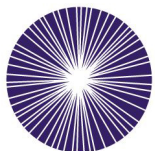
- Winners tend to participate
- Losers (opt into advanced APMs if they can) – retirees, solos and small, rural
- 4% in penalty avoidance is worth in 2019 about \$18,600 per ophthalmologist
  - approximately \$186M for ophthalmologists electronically integrated with IRIS.
- Ophthalmology is expected to be among the highest recipients of positive adjustments in 2019 and 2020, but bonuses are/will be low





# MIPS Bonuses - 2019

- Maximum 2019 Bonus = 1.88% – if less than exceptional (<70 pts) = 0.20% or less
  - This factor applies to all Part B service claims, but not drugs
  - 71% were exceptional, 22% in small bonus range, 2% neutral, 5% penalized
- Participate to avoid the penalty; not for a large bonus or even the advertised bonus
  - Recall potential bonus was up to 22%
  - Do not overspend to comply



# Year 1 (2017) Performance

- 93% of all participants get bonus
- Many scores at nearly 100
  - Median = 89
  - Large groups did well
  - 1 in 5 small practices will be penalized
- This factor will be applied to all service claims, but not Part B drugs in 2019
- 10% of EPs receive 5% APM bonus

- Johns Hopkins Performance (before reset)

atus	<ul style="list-style-type: none"><li>• <b>2017 Measurement Year Performance</b><ul style="list-style-type: none"><li>– Score- <b>99.99</b> (of 100)</li><li>– 2019 Payment Adjustment- <b>+2.02 %</b></li><li>– Exceptional Performance Bonus- <b>TBD</b></li></ul></li></ul>
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**EYE CARE LLC**  
TIN: #27

**FINAL SCORE**

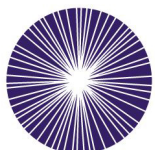
**100**

out of 100

Payment Adjustment: **+1.88%**

Exceptional Performance Adjustment: **1.59%**

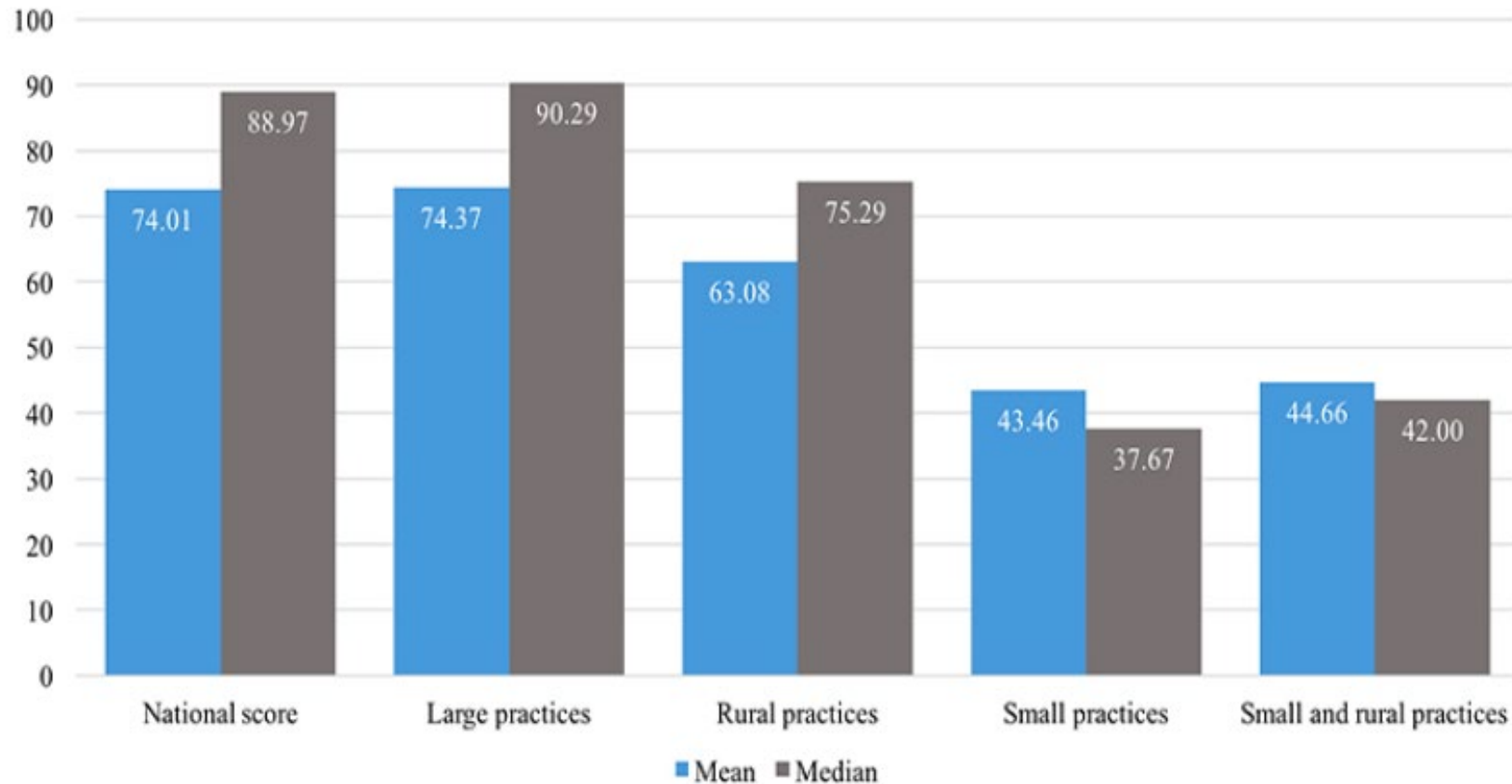
Payment Date: **Jan. 1, 2019**



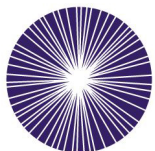
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# MIPS Scores by Size and Location



Navathe et al. Findings And Implications From MIPS Year 1 Performance Data. Health Affairs Blog, January 18, 2019



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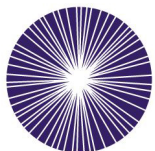
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# MedPAC + MIPS = Political Uncertainty

- MedPAC voted 14-2 advising Congress to eliminate MIPS; and
- Establish a “new” voluntary value program (VVP) in FFS Medicare
  - Clinicians can elect to be measured as part of a voluntary group
  - Qualify for value payment based on group performance on population-based measures
  - Payment increases offset by payment decreases (winners and losers)
  - \$500MM yearly MIPS exceptional performance bonus funds available (\$3B total)
  - Budget-neutral, assuming funds are reinvested in Medicare clinician payment
  - Administrative costs to create voluntary group
  - Reduced clinician reporting burden
  - No impact on access to care



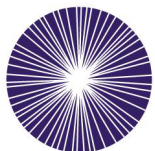


# MIPS in the Future

- For performance year two (2018) data submissions are due January 31, 2019
  - Smaller bonuses anticipated in 2020 (per CMS)
    - 93% of ophthalmologists expected to be neutral or positive – 1.4% - among the highest specialties (\$82M – \$6885 per eligible eyeMD)
- Maximum bonus estimated in year 3 to be higher = 4.7% (about like an APM) (analysis in Health Affairs)

CMS – 5522 –FC

Navathe et al. Findings And Implications From MIPS Year 1 Performance Data. Health Affairs Blog, January 18,2019

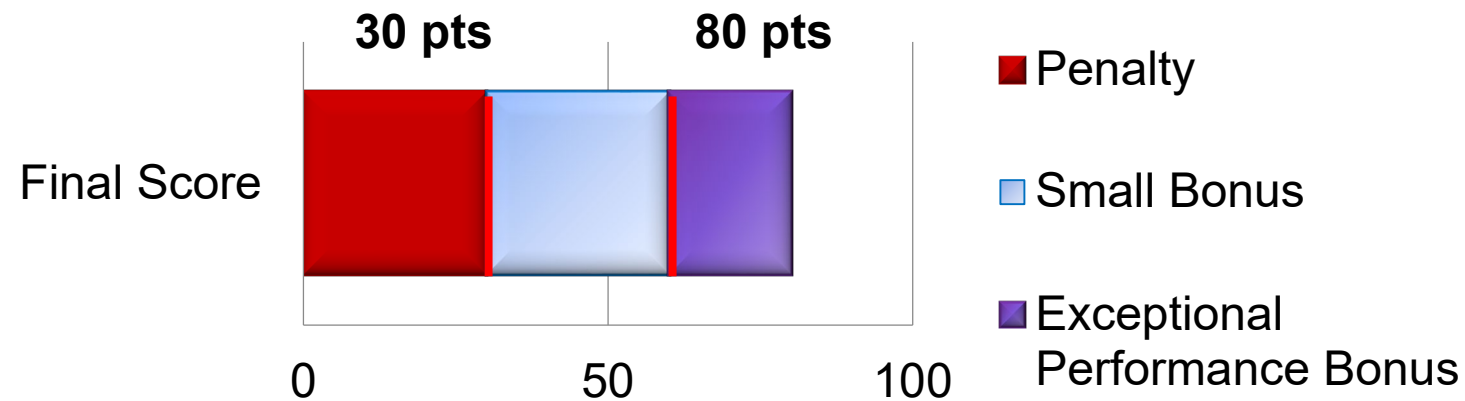


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# 2019 MIPS Performance Scoring

- The MIPS Score is the sum of the weighted Category Scores
  - Score of 30 points required to avoid a penalty
  - Between 30 points and 80 points, clinicians can earn a small bonus
    - MIPS is budget-neutral, so the sum of these bonuses cannot exceed the sum of penalties
  - At or above 80 points, clinicians earn an exceptional performance bonus





# MIPS Eligibility

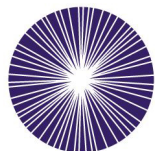
- **2019 Exclusions**

1. Low-Volume Threshold Increased:

- Clinician bills Medicare Part B no more than \$90,000; OR
- Clinician sees 200 or fewer Medicare patients; OR
- Clinician has 200 or fewer services
  
- But can opt in if exceeds one of the criteria.

2. New Medicare Provider and APM Participation remain the same.

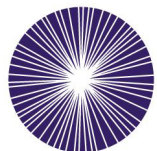
New classes of providers added (PT, OT, SW, Clin Psych)



# Merit-based Incentive Payment System

## Performance Category Weights

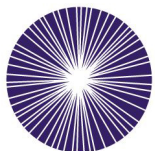
Legacy Program	New Category	Score Weight 2017	Score Weight 2018	Score Weight 2019
PQRS	Quality	60%	50%	45%
MU	<del>Advancing Care Information (ACI)</del> Promoting Interoperability (PI)	25%	25%	25%*
(None)	Improvement Activities (IA)	15%	15%	15%
VBM	Cost	0%	10%	15%





# 2019 Medicare Physician Payment Final Rule

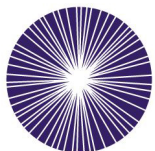
- Increases coverage of Telehealth services
  - Electronic check in visit
  - Review of patient furnished images
  - Physician to physician consultation
  - More codes eligible for coverage with -95 modifier
- Streamlines documentation requirements
- For 2021 suggestion to collapse EM levels 2-3-4 into a single payment
  - AMA CPT/RUC racing to create the codes for this system





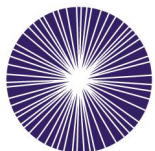
# 2019 Medicare Rule from CMS

- Change in direction
  - Reinterpret the telehealth regulations in sec 1834(m) of the ACT to allow more telehealth services coverage if those services do not like face to face office visits
- Telehealth – To increase access to communications technology
  - Brief Communication Technology-based Service, e.g. Virtual Check-in (HCPCS code G2012) (~\$13)
  - Remote Evaluation of Recorded Video and/or Images Submitted by the Patient (HCPCS code G2010) (~\$15)
  - Internet Consultation (CPT codes 99451 (\$37), 99452, 99446 (\$18), 99447 (\$38), 99448, and 99449 (\$73))



# Diabetic Vision Loss and Blindness Prevention Act (H.R. 6639)

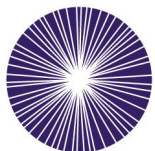
- Introduced by Reps. Tom Reed (R-NY) and Terri Sewell (D-AL) in July 2018
- Goal is to expand access to digital retinal imaging with remote interpretation under the Medicare program – which Academy supports
- Legislation would have mandated the use of a specific CPT code, 92250
  - 92250 developed for an office-based procedure that involves additional physician work/direct interaction between the physician and patient
  - CPT codes (92227 or 92228) developed for instances when imaging is done at one site and readings are performed by a provider at a different location
- No companion bill in Senate
- No action taken in the 115<sup>th</sup> Congress/Work with sponsors on alternative approach for 116<sup>th</sup> Congress

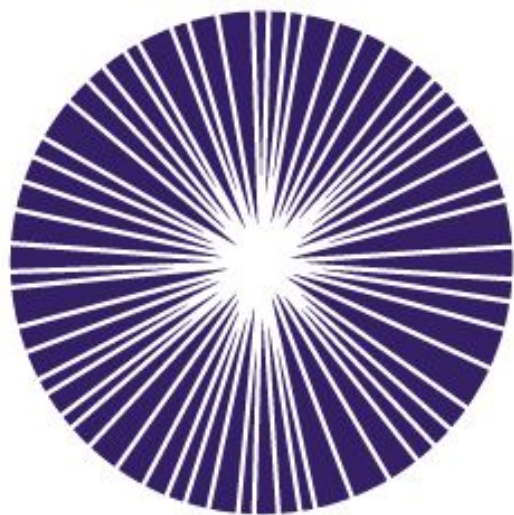




# Screenings for Eye Evaluation, Monitoring, Observation, Review, and Examination (SEE MORE) Act (S. 3751)

- Introduced by Sen. Bob Casey (D-PA) and Sen. Chuck Grassley (R-IA) in December 2018
- Goal to expand the use of telehealth services for remote imaging for chronic eye disease:
  - Lifts existing Medicare originating site requirements on telehealth services;
  - Applies to FDA-approved ocular imaging techniques and technologies, including artificial intelligence technologies; and
  - Requires a report to Congress after 5 years on the utilization of these services, health outcomes, and specialty referral rates
- No companion bill in House
- No action taken in 115<sup>th</sup> Congress/Expect reintroduction in 116<sup>th</sup> Congress





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